

STUDENT MEDICAL INFORMATION FORM

Confidential Medical Record & Provider Details

1. General Health Information

Student Name:

Blood Type:

Does the student have any of the following? (Check all that apply)

Asthma Diabetes Seizures Heart Condition Dietary Restrictions

2. Allergy Profile

Allergen (Food, Drug, Insect)	Reaction Type	Requires Epi-Pen?
		Yes / No
		Yes / No

3. Medications

List all medications to be administered during camp hours:

Medication Name	Dosage	Time/Frequency

4. Insurance & Primary Providers

Insurance Carrier:

Policy/Group Number:

Provider Type	Name/Clinic	Phone Number
Primary Care Physician		
Preferred Hospital		
Dentist (Optional)		

5. Parent/Guardian Authorization

I hereby certify that the information provided is correct and complete to the best of my knowledge. I authorize the camp staff to share this information with medical providers in the event of an emergency.

Parent/Guardian Signature

Date